



Benefits Quick Guide effective March 2015

CHOICES 1 (800) 994-9422

iviedicare Part A 2015 Premium, Deductibles & Co-pays				<u>pays</u>	2015 Medicare Part B Premiums & Deductibles		
Part A Premium	(30-39 qua	arters)	\$224 per month	h	PART B Standard Premium		\$104.90 per month
	(< 30 qua	rters)	\$407 per month	er month			
					For t	hose with annual	
Hospital Deductible	(per benef	it	\$1,260		incomes:		
	period						
	deductible	2)				001-\$107,000 (single) or	\$146.90 per month
Heenitel Co Davis	Davis C1 00	,	6345 man day		\$170,001-\$214,000 (married)		
Hospital Co-Pays	Days 61-90 Days 91-15		\$315 per day \$630 per day		\$107.001.\$160.000 (simple)		\$209.80 per month
	Days 31-1.	30	3030 per day		\$107,001-\$160,000 (single) or \$214,001 - \$320,000 (married)		3203.80 per month
					7217	,001 9320,000 (married)	
					For those over these amounts		Visit www.ssa.gov
Skilled Nursing	Days 21	-100	0 \$ 157.50 per day		Part	B Deductible	\$147 per year
facility Co-Pay							
.50	.50 Medicare Savings Program (MSP) (rev . 3/15)						
Program	Status	In	come Limit	Stat	us	Income Limit	NO ASSET LIMITS FOR MSP
QMB (Q01)	Single	\$2,	069.91 / mo	Cou	ple	\$2,802.08 / mo	No Estate Recovery after 1/1/10
SLMB (Q03)	Single	\$2,	266.11 / mo	Cou	ple	\$3067.68 / mo	
ALMB (Q04)	Single	\$2	,413.26/mo	Cou	ple	\$3,266.88 / mo	DSS Benefits Line: 1-855-626-6632
Medicaid (Husky C)	Single	\$970	.49 (region A)	Cou	ple	\$1209.99 (reg. A)	
(includes standard		\$860.	38 (reg. B & C)			\$1101.31(reg. B & C)	Husky C disregard effective 1/15
disregard; \$337/single							
& \$404.90/couple)							
If you qualify for MSP, you will automatically qualify for Extra Help and the lower co-pays for Part D							

Medicare Part D Low Income Subsidy (LIS) for 2015 Med

LIS CO-PAYS FOR MEDICATIONS:

\$2.65 - FORMULARY GENERIC DRUGS \$6.60 - FORMULARY BRAND NAME DRUGS

Medicaid recipients: \$1.20/\$3.60 - Max \$15 per month

Medicaid Waiver - no co-pays

LIS Benchmark Premium - \$29.65

Max Income/Assets for Partial Subsidy

	,	
LIS	\$1,471.25	Assets under \$13,640
Single	per month	
LIS Couples	\$1,991.25 per month	Assets under \$27,250

CT residents should consider applying for LIS through MSP which has no asset restrictions and higher income limits.

Medicaid Expanded Benefits (3/15)

Household size	MAGI Monthly Income	
1 person	\$1353.78	
Couple	\$1832.64	

No asset restrictions
Age 18-64 without Medicare
No spend down
Apply at www.accesshealthct.com

<u>Supplemental Nutrition Assistance</u> <u>Program (SNAP) (eff. Oct 2014)</u>

Single person 185% FPL gross income -\$1800/ mo (max benefit \$194)

Couple 185% FPL income – \$2,425 / mo (max benefit \$357)

There is no asset limit EXCEPT for members who are 60 years old or a person with a disability whose gross income is more than **185%** of the

Federal Poverty Level. (asset limit over 185%: \$3,250)

Contingency Heating Assistance.
Program (CHAP) 2015

Household size	Household's Annual Income
1 person	\$32,515
2 people	\$42,619
3 people	\$52,524
4 people	\$62,528
5 people	\$72,532

<u>Liquid Asset Limit:</u> <u>Homeowners</u> \$10,000; <u>Renters</u> \$7000

CT Health Insurance Exchange
Access Health CT

Benefits Center- 1-855-805-4325 <u>www.accesshealthct.com</u>

Next Open enrollment Nov 1, 2015 - Jan 31, 2016

CT Energy Assistance Program (CEAP) 9/14

Household Size	Household Income	* Household Income w/60+	
1 person	\$17,505	\$23,340	1
2 people	\$23,595	\$31,460	
3 people	\$29,685	\$39,580	
4 people	\$35,775	\$47,700	
5 people	\$41,865	\$55,820	
6 people	\$47,955	\$63,940	

* Higher Income limits for:

Households with a member age 60+ or a household member with a disability.

Asset Limits apply:

Homeowners - \$10,000 Renters - \$7,000 www.ct.gov/staywarm
First date of delivery: 11/12/14

Households with liquid assets that exceed these amounts may qualify if gross income, when added to excess liquid assets, is within guidelines

CT Home Care Program for	Functional	Income	Asset Guidelines
Elders (CHCPE)	Criteria	Guidelines	
State Funded - Level 1	One critical need	No income ceiling	Individual:\$35,766 Couple:\$47,688
State Funded - Level 2	3 or more critical needs	No income ceiling	Individual:\$35,766 Couple:\$47,688
Medicaid Waiver – Level 3	3 or more critical needs	\$2,199/month	Individual -\$1600
(updated 1/1/15)		Only the individual's income is	Couple - \$3200 (both receiving services)
		counted toward eligibility	\$25,444.00 (one receiving services)
			A higher asset amount may be allowed when a spousal assessment is done
Medicaid – Level 5 (3/15)	1 or 2 critical needs	\$1460 month (150% FPL)	Individual: \$1,600

Critical Needs are defined as requiring help or supervision in the following areas: Meal Preparation, Medication Administration, Bathing, Dressing, Toileting, Transferring, Eating or significant cognitive impairments. Call 1-800-445-5394 to make referrals or refer online https://www.ascendami.com/CTHomeCareForElders/default/

APPLICATION FILING and ENROLLMENT PERIODS:

MEDICARE Parts A & B ENROLLMENT: 3 Types of Enrollment Periods

<u>INITIAL ENROLLMENT-</u> Initial Enrollment Period is 7 months long. Begins three months before the month you turn 65, the month you turn 65 and three months after.

<u>SPECIAL ENROLLMENT PERIOD-</u> Special enrollment periods apply for those who are still working at age 65 and covered by employer coverage or through their spouse's **active** employment. A SEP begins the month after the employee coverage ends or employment ends (whichever comes first) and lasts for eight months.

<u>GENERAL ENROLLMENT PERIOD</u> - First 3 months of every year (January 1 to March 31st) You must enroll during these three months but your Part B coverage **won't begin till July 1st of that year.** There will be a penalty for late enrollment. Individuals on MSP obtain Medicare Part B on the date the State starts paying for the Part B premium. You can request a retroactive buy in of Medicare B as far back as 6 months from the date of application for all 3 levels.

MEDICARE PART D & MEDICARE ADVANTAGE ANNUAL ELECTION PERIOD - October 15th through Dec 7th of every year. Coverage begins Jan. 1st of the following year. Late enrollment penalty applies if you did not enroll during your initial enrollment period and don't qualify for a SEP (MSP recipients are not subject to late enrollment fees).

MEDICARE ADVANTAGE PLAN DISENROLLMENT - January 1 and ends February 14, lasting for 45 days. The Annual Disenrollment period is designed to allow you to do one thing: **Cancel your Medicare Advantage Plan membership and return to original Medicare.** Once you cancel your Medicare Advantage Plan you have a couple of choices.

- Return to original Medicare and purchase a stand-alone Part D Plan.
- Purchase a Medigap policy and a stand-alone Part D Plan.

MEDICARE SAVINGS PROGRAMS - HAVE AN OPEN ENROLLMENT ALL YEAR LONG

MEDIGAP PLANS – CT is a continuous enrollment state. You can enroll in Medigap anytime during the year.

SNAP - Open enrollment all year long CT Energy Assistance Program (CEAP) - October 15th - April 15th

RENTER'S REBATE PROGRAM - Apply April 1 – October 1. For renters aged 65+, 50+ of a surviving eligible spouse or 18+ yrs with a permanent disability. 1 year residency. No asset test. Hotline for questions: 860-418-6493

HEALTHCARE MARKETPLACE – Open Enrollment Nov. 15, 2014– February 15, 2015. Must make a decision before Dec 15 for a January 1 effective date.